



DE 14-002

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

NHPUC 6JAN14PM12:17

January 2, 2014

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for Mikel Myers to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer Information

Mikel Myers
162 Drew Rd.
Madbury, NH 03823
603-512-0295
mikel.myers05@gmail.com

The Nepool GIS ID # for this facility is: NON38908. Also attached are the Simplified Process Interconnection Application and Service Agreement and Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Alane Lakritz

Alane Lakritz
President
Knollwood Energy of MA LLC
862-432-0259
908-955-0593 (fax)
Alane@KnollwoodEnergy.com



Knollwood Energy of MA

P.O. Box 30
Chester, New Jersey 07930

Enclosures (2)

PUBLIC SERVICE COMPANY OF NEW HAMPSHIRE
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Exhibit B - Certificate of Completion for Simplified Process Interconnections

Installation Information:

Check if owner-installed

Customer or Company Name (print): NIKEI Myers
Contact Person, if Company: _____
Mailing Address: 102 Drew Road
City: Masbury State: NH Zip Code: 03823
Telephone (Daytime): 603 512 0295 (Evening): _____
Facsimile Number: _____ E-Mail Address: _____

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Generation Vendor: ReVision Energy Contact Person: Kimry Corrette

I hereby certify that the system hardware is in compliance with Psc 900.

Vendor Signature: _____

Date: 6/20/13

Electrical Contractor's Name (if appropriate): William Levay
Mailing Address: 7 Commercial Drive
City: Exeter State: NH Zip Code: 03833
Telephone (Daytime): 603-501-1822 (Evening): _____
Facsimile Number: 603-782-0993 E-Mail Address: kimry@revisionenergy.com
License number: 13139M

Date of approval to install Facility granted by the Company: 6/26/2013 Installation Date: _____

Application ID number: N2719

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of

Masbury NH Stratford County
(City/County)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Justin Carrow

Name (printed): Justin Carrow

Date: July 9 2013

Customer Certification:

I hereby certify that, to the best of my knowledge, all the information contained in this Interconnection Notice is true and correct. This system has been installed and shall be operated in compliance with applicable electrical standards. Also, the initial start up test required by Psc 905.04 has been successfully completed.

Customer Signature: Marlene Myers

Date: 07-09-13



State of New Hampshire
Public Utilities Commission



21 S. Fruit Street, Suite 10, Concord, NH 03301-2429

**DRAFT APPLICATION FORM FOR
RENEWABLE ENERGY SOURCE ELIGIBILITY FOR CLASS I AND CLASS II
SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS**

Pursuant to New Hampshire Administrative Code Puc 2500 Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

- Send an electronic version of the completed application and the cover letter electronically to executive.director@puc.nh.gov.

* The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

Check the applicable class:

Eligibility Requested
for **Class I** **Class II x**

Applicant

Name: Knollwood Energy of MA

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Primary _____
Contact: Alane Lakritz
Telephone: 862-432-0259 Cell: _____
Email
address: alane@knollwoodenergy.com

The facility name and contact information (if different than applicant contact information).

Facility Name: Mikel Myers
Mailing Address: 162 Drew Rd.
Town/City: Madbury State: NH Zip Code: 03823
Primary
Contact: Mikel Myers
Telephone: 603-512-0295 Cell: _____
Email
address: Mikel.myers05@gmail.com

Provide a complete list of the equipment used at the facility, including the meter, and, if applicable, the inverter: _

quantity		quantity	
36	Canadian Solar CS6P-255M	1	Hialeah meter 95834479
1	SMA 8000 US		
1	Landis+Gyr 99460797		

What is the nameplate capacity of your facility? 9.18 kW

What was the initial date of operation? 7/09/2013

This is typically included in the interconnection agreement. Provide this documentation as **Attachment A**.

Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer Name: ReVision Energy
Installer Address: 7 Commercial Drive
License #: 13139M
Town/City: Exeter State: NH Zip Code: 03833
Telephone: 603-679-1777 Cell: _____
Email address: heather@revisionenergy.com
If the equipment was installed directly by the customer, please check here: ☐

Provide the name and contact information of the equipment vendor:

☒ Check here if the installer and the equipment vendor were one and the same.
Business Name: _____
Vendor's Name: _____
Business Address: _____
Town/City: _____ State: _____ Zip Code: _____
Telephone: _____ Cell: _____
Email address: _____

If an independent electrician was used, please provide the following information:

Electrician's Name: _____
Business Name: _____
Business Address: _____
Town/City: _____ State: _____ Zip Code: _____
License # _____

Provide the name and contact information of the independent monitor for this facility.

(A list of independent monitors is available at: http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's

Name: Thomas Kelly

Town/City: Merrimack State: NH Zip Code: 03054

Telephone: 603-546-5816 Cell: _____

Email

address: tom@naturalcapital-llc.com

Provide documentation of the applicable distribution utility's approval of the installation (This is usually included in the interconnection agreement.) If this documentation is separate from the interconnection document, please provide this as **Attachment B**.

Is the facility certified under another state's renewable portfolio standard? yes nox

If "yes", then provide proof of the certification as **Attachment C**. _____

In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL - GIS. Contact information for the GIS administrator follows:

James Webb

Registry Administrator, APX Environmental Markets

224 Airport Parkway, Suite 600, San Jose, CA 95110

Office: 408.517.2174

jwebb@apx.com

Mr. Webb will assist you in obtaining a GIS facility code and, if applicable, an ISO-New England asset ID number.

GIS Facility Code

NON38908 Asset ID # NON38908

Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document as **Attachment D**.

The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's
Signature

Alane Lakritz

Date

12/31/13

Applicant's Printed
Name

Alane Lakritz

Subscribed and sworn before me 31 Day of DECEMBER (month) in the
this 2013 year

County of

MORRIS

State of

NJ

Sylvia A. Smith
Notary Public/Justice of the Peace

My Commission
Expires

SYLVIA A. SMITH
Notary Public
State of New Jersey
My Commission Expires Jan. 6, 2019
I.D.# 2309220

CHECK LIST: The following has been included to complete the application:	YES
• All contact information requested in the application.	✓
• A copy of the interconnection agreement, nameplate capacity and date of operation (Attachment A.)	✓
• Documentation of the distribution utility's approval of the installation.* (Attachment B.)	✓
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS. (Attachment C.)	✓
• A signed and notarized attestation or Attachment D.	✓
• A GIS number has been obtained.	✓
• The distribution utility's approval of the installation.*	✓
• The document has been printed and notarized.	✓
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	✓
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	✓
*Usually included in the interconnection agreement. If the interconnection agreement contains this information, attachment B is not necessary.	

PREPARER'S INFORMATION

Preparer's Name: Alane Lakritz, Knollwood Energy of MA LLC

Mailing Address: P. O. Box 30

Town/City: Chester State: NJ Zip Code: 07930

Telephone: 862-432-0259 Cell: _____

Email

address: alane@knollwoodenergy.com; amy@knollwoodenergy.com

Preparer's

Signature: _____

Alane Lakritz